

YONKERS POLICEDEPARTMENT CITIZEN POLICE ACADEMY

Application for Enrollment

Applicants must be 17 years of age to apply.

PLEASE PRINT OR TYPE: Date:_____ Name (Last, First, M.I.): Home Address: DOB:_____ Social Security Number:____ Driver License state and number: Email address: Work phone: Home phone: _____ Cell phone: _____ Occupation:_____ Start Date: Employer: ____ Employer Address: ***Have you ever been arrested for, or convicted of an offense other than a traffic infraction? ____NO / ____YES Explain in detail the date, charge, court of record and disposition:

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Briefly explain why you wish to be	enrolled in the Citizen Police Academy:	
		_
		_
		_
		_
List your community- involved activ	ies:	
		_
		_
Please circle your shirt size:	S/M/L/XL/XXL	
List two character references who	re <u>not</u> family members or employers:	
Name:	Home phone:	_
Address:	Work phone:	
Name:	Home phone:	_
Address	Work phone:	

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Please review your answers carefully and read the statement below before signing this application.

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement shall be sufficient cause for rejection for enrollment or dismissal from the Yonkers Citizen Police Academy.

Some classes require walking and standing as different police facilities will be toured. Please inform us of any considerations or accommodations that you may need under these circumstances.

Signature:	Date	
signaiure	 Duie.	

PLEASE RETURN THE COMPLETED APPLICATION TO:

Yonkers Police Department Training Unit 730 East Grassy Sprain Rd. Yonkers, NY 10710-1719 Att: Lt. Richard R. Ruyack

914-377-7364